7829 **MARYLAND STATE DEPARTMENT OF HEALTH** 07826

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 254

1. PLACE OF DEATH — COUNTY: Queen Anne's MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Grasonville
LENGTH OF STAY (in this place): 71 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Md. COUNTY: Q. A.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Grasonville
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) William (Middle) (Last) Beecher
4. DATE OF DEATH: (Month) August (Day) 27 (Year) 1954
5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): M
8. DATE OF BIRTH: Sept. 12, 1882
9. AGE last birthday: 71 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Waterman
10b. KIND OF BUSINESS OR INDUSTRY: Seafood
11. BIRTHPLACE (State or foreign country): Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: James Beecher
14. MOTHER'S MAIDEN NAME: Rebecca Collier
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY No.: 214-16-4654
17. INFORMANT AND ADDRESS: Wife - Grasonville, Md.

18. MEDICAL CERTIFICATION Grethel S. Beecher

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

1518

Immediate cause (a) Carcinoma of Stomach — 1 yr 8 mo.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: April 1953
19b. MAJOR FINDINGS OF OPERATION: Inoperable gastric Ca.
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April, 1954, to Aug 27, 1954, that I last saw the deceased alive on 8/25, 1954, and that death occurred at 12 42 A m., from the causes and on the date stated above.

SIGNATURE: Irvin D. Hoff M.D. (Degree or title) ADDRESS: Queenstown, Md. DATE SIGNED: 8/27/54

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: Aug 29-54 — NAME OF CEMETERY OR ~~CREMATORY~~: Private Family Burial Lot — LOCATION (City, town, or county) (State): Grasonville Md

DATE REC'D BY LOCAL REG.: 8-28-54 — REGISTRAR'S SIGNATURE: Helen M. Aldridge — 24. FUNERAL DIRECTOR: Burton Bros. Centreville ADDRESS: Maryland

M

I

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
SEP 7 1954
BUREAU V. S.

7830

07827

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 251

1. PLACE OF DEATH: COUNTY Queen Anne MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ingleside
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Q. A.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ingleside
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) CHARLES (Middle) L. (Last) BROWN
4. DATE OF DEATH (Month) Aug. (Day) 4 (Year) 1954

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH Oct. 30-1871
9. AGE last birthday 82 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farm Owner
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME George E. Brown
14. MOTHER'S MAIDEN NAME Ellen S. Tolson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Mrs. Louise Brown, Ingleside, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

422.1

Immediate cause (a) Acute Cardiac Dilatation

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Chronic Myocarditis

(c) General Arterial Sclerosis

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Coronary Sclerosis & Senility

19a. DATE OF OPERATION W
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) W
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct, 1950, to Aug 4, 1954, that I last saw the deceased alive on Aug 2, 1954, and that death occurred at 12-30 A m., from the causes and on the date stated above.

SIGNATURE C H Mitcalfe (Degree or title) M D ADDRESS Fishermsville Md DATE SIGNED 8/5/54

23. BURIAL, CREMATION REMOVAL (Specify) DATE THEREOF Aug. 6 NAME OF CEMETERY OR CREMATORY Chesterfield LOCATION (City, town, or county) Centreville (State) Md.

DATE REC'D BY LOCAL REG. Aug. 5 REGISTRAR'S SIGNATURE Edgar L. Lane
24. FUNERAL DIRECTOR Edgar L. Lane - Church ADDRESS Hill Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
AUG 9 1954
BUREAU V. S.

7831

07828

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 223

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Queen Anne — MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chester; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Q.A.; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chester; STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
THOMAS	W.	COULTER	Aug.	2	1954

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
male	White		Dec. 4-1876	78 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Waterman		Maryland	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Thomas W. Coulter	Thisa Bachum

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
		James C. Coulter - Chester, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Arterio Sclerosis	5 yrs
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypotension	18 mos
	(c)	

447

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Mar 14, 1954, to Aug 2, 1954, that I last saw the deceased alive on Aug 2, 1954, and that death occurred at 5 P. m., from the causes and on the date stated above.

SIGNATURE W. Chas. E. Snyder (Degree or title) ADDRESS Stevensville Md DATE SIGNED 8/4/54

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
	Aug. 5	Stevensville	Stevensville	Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Aug 5-54	Elizabeth Naylor	Edgar L. Kane	Church Hill Md.

RECEIVED
AUG 11 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07829

7832 CERTIFICATE OF DEATH

Reg. Dist. No. 252

1. PLACE OF DEATH:
COUNTY Queen Annes MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN rural Centreville
LENGTH OF STAY (in this place) life
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Queen Annes
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN rural Centreville
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) THOMAS (Middle) WARFIELD (Last) EMORY

4. DATE OF DEATH: (Month) August (Day) 29 (Year) 1954

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	March 8-1904	50 yrs.				

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Farmer	Farm	Centreville Md	U.S.A.

13. FATHER'S NAME: Thomas Ruth Emory

14. MOTHER'S MAIDEN NAME: Elizabeth Ann Warfield

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY No.:	17. INFORMANT & ADDRESS:
No	No	220-28-4389	Mrs Ruth Willis Emory, Centreville Md

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

157X
Immediate cause (a) Carcinoma of liver + pancreas
DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
(b) DUE TO
(c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURED While at Work ☐ Not While At Work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7/1 ,1954 to 8/29 ,1954, that I last saw the deceased alive on 8/16 ,1954, and that death occurred at 4.30 P.m. , from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
W. Henry Fraher M.D	Centreville Md	8/30/54

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Sept 1-54	Chesterfield	Centreville Maryland

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
8/30	Elsie Armstrong	Baxter Bros	Centreville Maryland

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
SEP 8 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07830

7833 CERTIFICATE OF DEATH

Reg. Dist. No. 253

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY Queen Annes MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Stevensville
LENGTH OF STAY (in this place) 4 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Queen Annes
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Stevensville
STREET ADDRESS (If rural give location) —

3. NAME OF DECEASED: (First) MARGARET (Middle) BEANE (Last) GEISS
4. DATE OF DEATH: (Month) Aug (Day) 2 (Year) 1954

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: July 21-1888
9. AGE last birthday: 66 yrs. IF UNDER 1 YEAR Months — Days — IF UNDER 24 HRS. Hours — Min. —

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Mays Maryland
12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: John David Wheeler
14. MOTHER'S MAIDEN NAME: Eugenia Capitola Lee

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) N (If Yes, give war or dates of service) —
16. SOCIAL SECURITY No.: none
17. INFORMANT & ADDRESS: Mrs Edward E Higgins Stevensville Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause — (a) cerebral Thrombosis + hemiplegia — Interval Between Onset And Death: July 31, 1954

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. — DUE TO (b) Arteriosclerosis general + cerbral — several Yrs

DUE TO (c) Hypertensive Cardio-vascular disease — 4 years

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. cerebral vascular spasms + paresis Marked 10.54

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 15, 1951, to Aug 2, 1954, that I last saw the deceased alive on Aug 1, 1954, and that death occurred at 2 30 P.M. from the causes and on the date stated above.

SIGNATURE Theodor Battelmaier (Degree or title) M.D. ADDRESS Stevensville Md. DATE SIGNED Aug 3, 1954

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF Aug 5-54
NAME OF CEMETERY OR CREMATORY Stevensville
LOCATION (City, town, or county) (State) Stevensville Maryland

DATE REC'D BY LOCAL REGISTRAR Aug 5-54
REGISTRAR'S SIGNATURE Elizabeth Hayden
24. FUNERAL DIRECTOR Baxter Bros. Centreville Md.
ADDRESS

RECEIVED
AUG 11 1954
BUREAU V. S.

07831

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

7834

CERTIFICATE OF DEATH

Reg. Dist. No. 251

1. PLACE OF DEATH: COUNTY Queen Anne MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Barclay
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Q. A.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Barclay
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) NETTIE (Middle) BRAMBLE (Last) HALL
4. DATE OF DEATH (Month) Aug. (Day) 18 (Year) 1954
5. SEX Fem.
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH 1-2 = 1878
9. AGE last birthday 76 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Charles Poore
14. MOTHER'S MAIDEN NAME Elizabeth Hurtt
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Mrs. Chas. Phillips = Church Hill

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Acute Cardiac Dilatation

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Chronic myocarditis

(c) Grunt Pathrill Salvin

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Diabetes Mellitus

19a. DATE OF OPERATION W
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) W m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug, 1950, to Aug 18, 1954, that I last saw the deceased alive on Aug 15, 1954, and that death occurred at 2 a m., from the causes and on the date stated above.

SIGNATURE (Degree or title) C. H. Whitcalfe M.D. ADDRESS Sudlersville Md DATE SIGNED 8/20/54

23. BURIAL CREMATION REMOVAL (Specify) DATE THEREOF Aug. 20 NAME OF CEMETERY OR CREMATORY Sudlersville LOCATION (City, town, or county) Sudlersville (State) Md.

DATE REC'D BY LOCAL REG. Aug. 20 REGISTRAR'S SIGNATURE Edgar L. Lane
24. FUNERAL DIRECTOR Edgar L. Lane = Church Hill Md. ADDRESS

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

M

I

RECEIVED
1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

07832

7835 CERTIFICATE OF DEATH

Reg. Dist. No. 252

1. PLACE OF DEATH:
COUNTY Queen Annes MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mt Queenstown
LENGTH OF STAY (in this place) enroute to Baltimore
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Queen Annes
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Henderson
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) WANDA (Middle) MAE (Last) ANNE HIGGS

4. DATE OF DEATH: (Month) Aug (Day) 2 (Year) 1954

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: July 20 - 1954
9. AGE last birthday: yrs. IF UNDER 1 YEAR Months – Days 13 IF UNDER 24 HRS. Hours – Min. –

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): None
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Chestertown Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: William J Higgs
14. MOTHER'S MAIDEN NAME: Dorothy Mae Eck –

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) – (If Yes, give war or dates of service) –
16. SOCIAL SECURITY No.: None
17. INFORMANT & ADDRESS: William J. Higgs, Henderson, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Deaberned Disease Newborn — Interval Between Onset And Death: 5 days

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) Prematurely - 7½ mo — 13 days

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Dehydration — 3 days

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 20, 1954, to Aug 2, 1954, that I last saw the deceased alive on Aug 2, 1954, and that death occurred at 9.30 pm from the causes and on the date stated above.

SIGNATURE (Degree or title) C Rodney Layton MD
ADDRESS Centreville Md
DATE SIGNED 8-3-54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF Aug 3-1954
NAME OF CEMETERY OR ~~CREMATORY~~ Rocky Rest
LOCATION (City, town, or county) (State) Fullerton Balto Co Md
DATE REC'D BY LOCAL REGISTRAR Aug 3-1954
REGISTRAR'S SIGNATURE Elsie Armstrong
24. FUNERAL DIRECTOR Barton Bros, Centreville
ADDRESS Maryland

2074354333

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
AUG 12 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

07833

2411 N. Charles Street, Baltimore

7836

CERTIFICATE OF DEATH

Reg. Dist. No. 251

1. PLACE OF DEATH
COUNTY Queen Anne's MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Church Hill
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Q. A.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Church Hill
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
O'DELLA	HOPKINS	LARRIMORE	AUG.	30	1954

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
FEMALE	WHITE		1-9-1879	75 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME James Hopkins
14. MOTHER'S MAIDEN NAME Mary E. Hynson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS C. E. Harrimond - Church Hill

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Carcinoma of uterus & bladder

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8/1, 1954, to 8/30, 1954 that I last saw the deceased alive on 8/24, 1954, and that death occurred at 1:30 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
W. Henry Fisher M.D. Centreville Md. 9/1-54

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	Sept. 2	Chesterfield	Centreville	Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Sept. 1	Edgar L. Lane	Edgar L. Lane - Church Hill, Md.	

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
SEP 9 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07834

7837 CERTIFICATE OF DEATH

Reg. Dist. No. 252

1. PLACE OF DEATH:
COUNTY Queen Anne MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) Centreville | LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Queen Anne
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN near Centreville
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Margaret (Middle) (Last) Stanford

4. DATE OF DEATH: (Month) Aug. (Day) 8 (Year) 1954

5. SEX: F | 6. COLOR OR RACE: C | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed | 8. DATE OF BIRTH: (Month, Day, Year) May 2, 1871 | 9. AGE last birthday: 83 yrs. | IF UNDER 1 YEAR: Months, Days | IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife | 10b. KIND OF BUSINESS OR INDUSTRY: | 11. BIRTHPLACE (State or foreign country): Maryland | 12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: William Hawkins | 14. MOTHER'S MAIDEN NAME: Margaret Hawkins

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) | 16. SOCIAL SECURITY No.: | 17. INFORMANT & ADDRESS: Alex Stafford, Centreville, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

Immediate cause — (a) Cardiac failure Left Sided — 6 weeks
DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. — (b) Hypertensive Cardio Vascular Disease — years
DUE TO
(c) Arteriosclerosis Generalized — yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURED While at Work ☐ Not While At Work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 12, 1954, to Aug 8, 1954, that I last saw the deceased alive on Aug 7, 1954 and that death occurred at 4 00 PM, from the causes and on the date stated above.

SIGNATURE Rodney Layton (Degree or title) MD | ADDRESS Centreville Md | DATE SIGNED 8-12-54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF Aug. 12, 1954 | NAME OF CEMETERY OR CREMATORY Chesterfield | LOCATION (City, town, or county) Centreville, Md. | (State)

DATE REC'D BY LOCAL REGISTRAR 8/12/54 | REGISTRAR'S SIGNATURE Elsie Armstrong | 24. FUNERAL DIRECTOR J. Dwight Moore | ADDRESS Denton, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
AUG 17 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

07835

7838 CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 252

1. PLACE OF DEATH: COUNTY Queen Anne MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Centreville RFD
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md Queen Anne COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Centreville RFD
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Portia (Middle) Mae (Last) Sudler
4. DATE OF DEATH (Month) Aug (Day) 8 (Year) 1954

5. SEX Female
6. COLOR OR RACE Col.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH March 24, 1944
9. AGE last birthday 10 yrs. If under 1 year Months Days If under 24 hrs Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Student
10b. KIND OF BUSINESS OR INDUSTRY Student
11. BIRTHPLACE (State or foreign country) Philadelphia Penn.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Charles Henry Sudler
14. MOTHER'S MAIDEN NAME Helen Maxwell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY No. None
17. INFORMANT AND ADDRESS Mother - Mrs. Helen Sudler, Centreville, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

8/24

Immediate cause (a) Struck by auto - Fractured skull - broken neck — at once

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) right leg broken + torn from body - compound fracture

(c) left leg

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS Centreville Md DATE SIGNED 8/8-54
W. Henry Fisher MD Deputy Med. Exam for Q. A. Co Md

23. BURIAL, ~~CREMATION REMOVAL~~ (Specify) Burial
DATE THEREOF Aug. 11 1954
NAME OF CEMETERY OR ~~CREMATORY~~ Chesterfield
LOCATION (City, town, or county) (State) Centreville, Maryland

DATE REC'D BY LOCAL REG. 8/9/54
REGISTRAR'S SIGNATURE Elsie Armstrong
24. FUNERAL DIRECTOR Barton Bros., Centreville, Maryland. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
AUG 12 1954
BUREAU V. S.